



SUA AHARA, AID-367-A-11-00004

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LIST OF ABBREVIATIONS/ ACRONYMS

CB-IMCI	Community Based-Integrated Management of Childhood Illness
CHD	Child Health Division
DDC	District Development Committee
D/PHO	District/Public Health Office
DQA	Data Quality Assurance
EHA	Essential Hygiene Action
ENA	Essential Nutrition Action
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
GESI	Gender Equity and Social Inclusion
GPM	Gender Policy Measurement
HFOMC	Health Facility Operation and Management Committee
HFP	Homestead Food Production
HTSP	Healthy Timing and Spacing of Pregnancy
INP	Integrated Nutrition Package
IYCF	Infant and Young Child Feeding
LQAS	Lot Quality Assurance Sampling
MOFALD	Ministry Of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
NGO	Non-governmental Organization
NHEICC	National Health Education, Information and Communication Center
NHTC	National Health Training Center
ODF	Open Defecation Free
OPMIS	Online Program Management Information System
PDQ	Partnership Defined Quality
PF	Peer Facilitator
PoU	Point-of-Use
SA	Supervision Area
SBCC	Social Behavior Change Communication
TOT	Training of Trainers
VDC	Village Development Committee
VLT	Village Level Training

VMF	Village Model Farmer
V-WASH CC	VDC Water Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene

EXECUTIVE SUMMARY

During the period August 2013 to January 2014, Suaahara concentrated on implementing quality project activities in all 20 districts with an intensified focus on reaching disadvantage groups (DAGs) through radio programs; water, sanitation and hygiene (WASH); agriculture; and local governance-related activities. Suaahara effectively used multiple entry points to reach 1,000 days households through mass media, food demonstration programs and home visits while successfully scaling up Healthy Timing and Spacing of Pregnancy (HTSP) activities.

Major highlights this reporting period

- **115,221** 1,000 days women and family members reached with health and nutrition messages through ward level interactions
- **47,523** women and family members reached through food demonstrations
- **2,744** Female Community Health Volunteers (FCHVs) provided refresher training and **4,714** traditional healers oriented on the integrated nutrition program (INP)
- **20** Suaahara districts have prepared district WASH strategy plans
- **54 VDCs** have village development committee (VDC) water, sanitation and hygiene coordinating committee (V-WASH CC) structures with WASH strategy plans, out of which 10 VDCs were declared open defecation free (ODF) zone during this reporting period
- **33,800** beneficiaries reached through WASH interventions in 68 VDCs
- **1,872** people trained in 48 Partnership Defined Quality (PDQ) trainings in low performing health facilities
- **1,538** health service providers were trained in HTSP and nutrition
- **13,731** community people trained in **625** homestead food production trainings
- **35,589** households received seed packets and **2,257** households received poultry support
- **1,907** DAG households reached through home visits and more than **1,700** DAG members reached through Community Action Centers (CAC) sessions of *Banchhin Aama*
- **11** districts have committed a total of **NPR 6,310,800** budget for integrated nutrition activities from block grants
- **3** districts successfully use smart phones to track nutrition outcomes

Suaahara expanded the number of contact points to reach households to include traditional healers, local religious leaders and peer facilitators. It provided refresher trainings to 2,744 FCHVs to re-enforce key health and nutrition messages, with a particular focus on correct disposal of child feces and the role of family in improving nutritional status of pregnant women and their children – based on the results from district-level surveys conducted in 2013. It initiated nutritious food demonstration activities, chiefly *poshilo jaulo* (nutritious porridge), to help support regular healthy mother's group meetings and to trigger behavior change at the household level. A total of 47,523 women and family members were reached through food demonstrations.

Suaahara expanded WASH activities, maintaining alignment with Nepal's formal structures from the central to local level, throughout all districts in order to increase coverage of WASH activities. All 20 Suaahara districts have prepared WASH strategies, 54 VDCs have a V-WASH CC structures and 30 VDCs (10 VDCs during this period) have been declared ODF.

Suaahara expanded its homestead food production (HFP) activities to all 20 districts – 11 districts were added to the existing nine districts. In the new districts, which are not food

insecure, Suaahara tailored specific agricultural activities to disadvantaged communities to help households have access to diverse and nutritious food. During this period, 35,589 households received seed packets and 2,257 households received poultry support.

In addition to this, Suaahara introduced an innovative approach to support household diagnosis of plant diseases to increase vegetable production through plant clinics to improve cultivation at the household level.

Health service promotion activities during this reporting period involved training and orienting health service providers and developing national level manuals and guidelines. In order to scale up family planning and HTSP practices, district level trainings were provided in six districts to 132 participants. The district level trainers trained 1,538 health service providers in HTSP and nutrition through counseling in 10 districts. It monitored key commodities related to maternal, newborn and child health services (e.g. zinc, oral rehydration salts, birth control pills, condoms, Depo provera, intra-uterine devices, implants, iron, and vitamin A) in 11 districts. Suaahara provided 48 PDQ trainings for 1,872 people in low performing health facilities and provided essential equipment to 35 health facilities in 3 districts.

The Gender Equity and Social Inclusion (GESI) program tool was developed and circulated to reinforce GESI perspectives. The participation of men and other family members with a high degree of influence on decisions regarding the health and nutrition of women and children was ensured in Suaahara's activities. Suaahara reached 1,907 DAG households through home visits and more than 1,700 DAG members were reached through CAC sessions of *Banchhin Aama* (Mother Says) radio program.

During this reporting period, three districts formed District level Nutrition and Food Security Steering Committees making a total of 20 districts with the structure. Eleven districts out of 20 have budgeted for INP related activities from their VDC block grants. The total amount was NPR 6,310,800 (FY July 2013/June 2014 and FY July 2014/June 2015).

District-level program surveys were conducted in 20 districts to collect outcome level data to monitor district programs and the project at the national level; this practice will be repeated annually. The top-line findings generated were used to set targets and to inform and guide strategies and interventions for year 3. Suaahara piloted the use of smart phones to track nutrition outcomes in Solukhumbu, Lamjung, and Nawalparasi; this approach proved very efficient in comparison to conventional paper-based data collection methods.

The *Bhanchhin Aama* radio drama and *Hello! Bhanchhin Aama* phone-in programs were launched during the reporting period to reinforce nutrition and health messages in a culturally appropriate way. So far the phone-in program has received an average of 1,600 responses per weekly episode. Despite the holidays and Constituent Assembly election Suaahara carried out planned activities smoothly. Program expenditures amounted to \$18,767,215.

INTRODUCTION

While Nepal has made significant progress towards the achievement of Millennium Development Goals 4 “Reduce Child Mortality” and 5 “Improve Maternal Health”, it remains one of the most undernourished countries in the world. USAID has made significant contributions to health and nutrition improvements in partnership with the Government of Nepal and other external development partners.

USAID’s Suaahara Integrated Nutrition Project seeks to improve the health of pregnant and lactating women and children under two years of age in 20 districts of Nepal. Suaahara is a comprehensive community-focused program that integrates various sectors – nutrition, hygiene and sanitation, agriculture and health services promotion – in order to address the key factors affecting nutritional status.

The Suaahara project has four primary results areas:

INTERMEDIATE RESULT 1: Improved household health and nutritional behaviors

INTERMEDIATE RESULT 2: Increased use of quality health and nutrition services by women and children

INTERMEDIATE RESULT 3: Increased consumption of diverse and nutritious food by women and children

INTERMEDIATE RESULT 4: Strengthened coordination on nutrition between government and other stakeholders

In addition to the above results areas, Suaahara has four crosscutting themes: gender and social inclusion (GESI), social and behavior change communication (SBCC), social mobilization and governance, and monitoring and evaluation.

This report comprises a description of results and activities for the period August 1, 2013 to January 31, 2014.

PROJECT ACHIEVEMENTS

Suaahara is on track to achieve annual project targets. The following sections provide highlights of key achievements during the reporting period (detailed progress against planned activities can be found in Annex 1).

INTERMEDIATE RESULT 1: IMPROVED HOUSEHOLD HEALTH AND NUTRITIONAL BEHAVIORS

ESSENTIAL NUTRITION ACTIONS

- **115,221** 1,000 days women and family members reached with health and nutrition messages through ward level interactions
- **14,969** home visits conducted to 1,000 days households
- **47,523** women and family members reached through food demonstration programs
- **2,744** FCHVs provided refresher INP training
- **4,714** traditional healers oriented on INP

Reaching 1,000 days women and decision makers

Ward level Interactions and home visits

Suaahara reached 115,221 individuals (54% 1,000-days women, 46% family members) in 20 districts with key health and nutritional messages through ward level interactions facilitated by FCHVs with the support of Field Supervisors. The objectives of these sessions were to discuss the benefits of the behaviors being promoted, consider barriers to adopting the behaviors and create possible solutions to overcoming them. Field Supervisors visited 14,969 1,000-days households to help the households adopt and reinforce the health and nutrition behaviors promoted by Suaahara. In response to results from the 2013 district-level surveys, Suaahara prioritized the promotion of exclusive breast feeding and timely introduction of complementary feeding, with an intensified focus on new pregnant women, and women with 3-5 month and 6-9 month old young children.

An innovative strategy to identify 1,000 days households to reinforce optimal health and nutritional behaviors was applied in a VDC in Lamjung District, in coordination with the District Health Office and healthy mother's groups. The strategy involved placing flags of three different colors: pink for households with pregnant women, green for households post-partum mothers, and half pink and half green for households with children of 45 days to 2 years of age. In this reporting period, flags were placed in 184 households.

Nutritious food demonstrations

As part of its behavior change communication strategy, Suaahara helped facilitate food demonstration sessions in coordination with FCHVs. During this reporting period, FCHVs and Field Supervisors demonstrated the preparation of *poshilo jaulo* (nutritious porridge) to 1,501 healthy mother's groups (18% of targeted 8,457 groups in all 20 districts). A total of 47,523 individuals participated in the demonstration sessions. In addition to preparing *poshilo jaulo*, the benefits of feeding *poshilo jaulo* to babies after completing 6 months of exclusive breastfeeding was also explained.



Cooking demonstration in Taplejung

Reaching DAG households through peer facilitators (PFs)

During this reporting period, Suaahara developed modules to build the capacity of PFs. The objective of this initiative was to increase the number of contacts with 1,000 days mothers and family members from DAG communities to improve health and nutritional behaviors. The content of the modules was designed in coordination with the Child Health Division (CHD) and Family Health Division (FHD) of the Ministry of Health and Population (MoHP). An operations research plan designed jointly with CHD and FHD was submitted for ethical approval to the Nepal Health Research Council. PFs will be deployed in February 2014 with results expected in the first quarter of 2015.

Leveraging different contact points

Suaahara is working to expand the number of contact points it has with 1,000 days mothers and children in order to optimize exposure to health and nutrition messages and counseling. During the reporting period, Suaahara conducted two-day refresher trainings for FCHVs on integrated nutrition actions to reinforce key health and nutrition messages. Emphasis was placed on topics such as hygienic disposal of child feces, role of family in improving nutritional status and active feeding. Health Facility In-charges and Field Supervisors trained 2,744 FCHVs (27% of the annual target).

Because traditional healers are the first point of contact during illness for many families and religious leaders are well respected in the community, a one-day orientation on integrated nutrition actions was provided to 4,714 traditional healers and religious leaders (12% female) in 15 districts. Anecdotal reports suggest that these two important community figures are already changing their treatment of sick children. Suaahara will look more closely at this in program monitoring and research in the coming six months.

“I have been working as a traditional healer for the past 10 years. I used to think malnutrition occurred when Gods were angry. After this orientation my thoughts have changed.” *Buddha Bahadur Tamang, Ward no. 2, Bhorle VDC, Rasuwa.*

In coordination with District Public Health Offices and multi-sector stakeholders, Suaahara staff support the celebration of nutrition-related days such as World Breastfeeding Week, FCHV Day, World Egg Day and Universal Children’s Day. These celebrations helped to raise awareness of and disseminate information related to health and nutrition through outdoor media jingles and rallies. Key health and nutrition messages were also delivered through street dramas, poems and songs during the religious festival Teej.

Acknowledged as the ‘Suaahara boy’ by the community

Having experienced a miscarriage once, Sabita Giri (21 years old) from Gorkha District made it a point to visit the hospital for an antenatal check-up for her second pregnancy. She delivered her baby boy, Jenish, through a difficult caesarean section in Pokhara, and returned home.

At home, however, matters were not easy. Jagat, Sabita’s husband, was in India for work leaving Sabita solely responsible for household chores, which separated her from Jenish for long periods of time. Sabita also had a flat nipple, which made it difficult for Jenish to suckle. Being a first-time mother, Sabita was unaware of what to do about her nipple and how to care for Jenish. As the baby lost weight rapidly, Sabita became concerned and shared her problems to her mother, Bishnu Maya Giri, who is also a FCHV.

Bishnu Maya, having recently attended Suaahara’s five-day integrated nutrition actions training, knew how to assist new mothers with breastfeeding difficulties. Bishnu Maya taught her daughter how to massage her nipple to enable Jenish to latch on correctly. She also taught Sabita how to hold her baby in a comfortable position. Soon Jenish was feeding well and his weight improved. Now that he is more than 6 months old, Jenish eats a varied diet of egg, meat and *jaulo* in addition to breast milk. As taught by her mother, Sabita also cares for herself and eats diverse foods each day. The skills that Bishnu Maya acquired, thanks to Suaahara, helped Jenish to successfully recover. Jenish is now called the *Suaahara Boy* in Sabita’s community.

ESSENTIAL HYGIENE ACTIONS

Institutional strengthening and capacity building

Suaahara staff participated routinely in national WASH CC meetings and played an important role in the planning of the fifth international South Asian Conference on Sanitation.

Similarly, two regional WASH CC meetings, 25 district WASH CCs and 85 V-WASH CC meetings were held during this period. The regional meetings involved planning for ODF declaration of Bhaktapur and Mustang districts. District meetings focused on reviewing, planning and monitoring, as well as strengthening district ODF campaigns. They also emphasized the district- and VDC-levels ODF declaration ceremony management process. To enhance trust, transparency, accountability and technical knowledge among the sector partners, and to promote sanitation as a social movement such meetings are essential.

The fifth South Asian Conference on Sanitation was held in Kathmandu on 22-24 October 2013. It was a historic international event where Suaahara's technical team was able to provide valuable input to make the event successful. The President of Nepal acknowledged contributions made by Suaahara in improving sanitation and hygiene.

A review workshop on WASH was conducted with concerned central and district level Suaahara staff to develop a common understanding of WASH promotional strategies and expected results of Suaahara.

- **20** Suaahara districts have prepared district WASH strategy plans
- **54** VDCs have V-WASH CC structures with WASH strategy plans, out of which **30** VDCs (10 VDCs during the period) are declared ODF zones
- **33,800** beneficiaries in 54 VDCs reached through WASH interventions
- Hygiene and sanitation promotion: **146** V-WASH CC members, **152** CHSFs and 1,126 child club members trained
- **73** sanitation masons trained
- **NPR 8,305,000** block grants allocated by 12 VDCs in Nawalparasi and Rupandehi for ODF campaign

Building WASH structures at the district- and VDC-levels

Suaahara has prioritized the establishment of district and VDC-level WASH structures (e.g., district WASH coordinating committees and VDC WASH coordinating committees) in conjunction with other partners. Suaahara also helped 54 VDCs to formulate draft WASH strategic plans, and Suaahara-funded activities have reached 33,800 beneficiaries. Through both district and VDC WASH coordinating committees, 273 members (69 female and 204 male) have participated in field visits to witness the visible change brought about by Suaahara interventions. During this period, 10 VDCs were declared ODF zones. Thirty-five child club trainings on hygiene and sanitation were organized and 1,126 child-club members participated. The main objective of the training was to encourage child clubs to internalize the importance of sanitation and hygiene and to engage children as change agents to raise the profile of ODF campaigns in communities. Twelve VDCs in Nawalparasi and Rupandehi districts have allocated NPR 8,305,000 from their block grants for ODF campaigning.

Changing WASH behaviors

Suaahara established 581 hand-washing corners at food demonstration sessions, where 11,433 people (the majority women) learned the importance of hand washing with soap. A model sanitation package that included a latrine, garbage pit, and drying rack was demonstrated in 20 VDCs to



Participants of food demonstration program washing hands in a hand washing corner, Sindhupalchowk

inspire replication in households. Twenty-nine community-triggering sessions were conducted where 728 people (371 male; 357 female) participated to learn about the consequences of poor sanitation. Twenty-eight bulletin boards were installed in strategic locations in 10 VDCs with messages to stop open defecation and to promote the adoption of sanitation and hygiene behaviors. Nine hundred and three people in 28 VDCs acquired knowledge on water safety plans and point of use (PoU) water treatment. World Hand Washing Day was celebrated with different events in 440 VDCs reaching 21,208 people directly.

INTERMEDIATE RESULT 2: INCREASED USE OF QUALITY NUTRITION AND HEALTH SERVICES BY WOMEN AND CHILDREN

- **1,872** people trained in 48 Partnership Defined Quality (PDQ) trainings in low performing health facilities
- **1,538** health service providers were trained in HTSP and nutrition through counseling
- Essential equipment provided to **35** health facilities in 3 districts

CAPACITY BUILDING

At the central level, a three-day residential workshop was conducted to develop Suaahara's Health Service Promotion Activities Operating Guidelines. The national Health Facility Operation and Management Committee (HFOMC) capacity building training package was revised in coordination with Health for Life and the National Health Training Center, integrating GESI. This training was conducted for 20 participants from health facilities in Parbat, Mustang, Lamjung and Myagdi at the Regional Health Training Center in Pokhara.

Suaahara conducted a health facility level community-based integrated management of childhood illness (CB-IMCI) basic training and four-day refresher training in Pokhara. At the community level, four-day refresher training was provided for 22 FCHVs from the 10 districts of the Pokhara cluster. These training packages were revised in coordination with the Child Health Division of the MoHP. The CB-IMCI program in Nepal focuses on case management (both curative and preventative care) of children under five years of age. This training enhanced the skills of health workers to reduce mortality and morbidity of children under five-years of age.

IMPROVING THE QUALITY OF HEALTH SERVICE DELIVERY

With an aim to strengthen the quality of health services, a four-day Partnership Defined Quality (PDQ) workshop involving HFOMC members was implemented in selected low performance health facilities of Gorkha, Lamjung, Myagdi, Sankhuwasaba, Bajhang, Darchula, Dolakha and Sindhupalchowk districts. During the workshop, participants developed action plans to solve issues identified as priorities for the districts. Altogether 1,872 people (Male, 659; Female, 1,213 and Dalit, 363; Janjati, 101; Others, 1,408) participated in the workshops. Suaahara, in joint coordination with District Public Health Offices, conducted one-day follow up sessions with HFOMCs in five districts. The same workshop will be conducted every six months in order to provide continued support to HFOMCs in these districts to provide oversight of health service delivery.

To strengthen coordination between HFOMCs and VDC authorities, Suaahara conducted one-day meetings with 31 health facilities (717 participants). Suaahara provided essential equipment in 35 health facilities of three districts —Myagdi, Gorkha and Lamjung— to

improve integrated nutritional services through health facilities. Suaahara has continued to provide technical and financial inputs to regularize HFOMC's monthly meetings.

IMPROVING HEALTHY TIMING AND SPACING OF PREGNANCY (HTSP)

Suaahara, under the leadership of the Family Health Division, conducted the second batch of HTSP Master Training of Trainers in Kathmandu. To improve health provider counseling on nutrition and HTSP, Suaahara conducted three-day district-level orientations on family planning and HTSP in six districts (Lamjung, Nawalparasi, Bajhang, Darchula, Sindhupalchowk and Rasuwa) for 132 health service providers. In turn, these individuals provided a three-day roll out orientation on family planning and HTSP in 10 districts. A total of 1,538 service providers participated in the roll out orientations (64 events) where family planning compliance orientation as required by USAID was also provided. Suaahara also monitored the distribution of maternal, newborn and child health commodities in 11 districts.

IMPROVING NATIONAL TRAINING APPROACHES

In close collaboration with the Family Health Division, newly revised primary healthcare center/outreach clinic orientation guidelines were pretested and endorsed. Posters related to healthy timing and spacing of pregnancy were developed and dispatched to districts.

Partnership Defined Quality workshop improves health service delivery in Kunjo Village

Kunjo VDC in Mustang is remote and unreachable by road. The majority of residents are from disadvantaged, marginalized groups.

Suaahara, in close coordination with the District Health Office-Mustang, organized a PDQ workshop to improve the quality of health service delivery in Kunjo. Health service providers, community members, and HFOMC members participated in the workshop to identify health service problems and seek solutions. Participants identified financial constraints as a major barrier to the provision of quality health services, and all were committed to finding appropriate solutions.

Following the workshop, the group decided that five percent of profits earned from selling wood from the local forest would be allocated for the health post development fund. The VDC council followed this decision by committing NPR 75,000 for the same. Additionally, villagers donated much-needed furnishings. To standardize FCHV meetings and create awareness on health, nutrition and sanitation, the VDC provided NPR 3,000 per year as an incentive to each FCHV and recruited a support staff to work in the sub-health post.

Today, an outreach clinic is being organized every month in Kunjo and HFOMC meetings are being conducted at the end of every month. In Kunjo, the PDQ workshop has proven that by bridging the gap between HFOMCs, service providers and communities, solutions to health problems can be found locally.

INTERMEDIATE RESULT 3: INCREASED CONSUMPTION OF DIVERSE AND NUTRITIOUS FOOD BY WOMEN AND CHILDREN

- Trained **26** HFP master trainers
- Trained **445** HFP district trainers
- **146** VDCs in 11 HFP low-intensive districts selected as DAG VDCs for implementation of HFP activities
- Identified **18,651** direct beneficiaries of HFP out of 25,599 HHs reached in 11 low intensive districts
- **13,731** community people trained in **625** HFP trainings (**10,560** 1,000 days mothers, **1,640** FCHVs, **1,531** family support members including male members)
- **53,765** seed packets (rainy season: **18,176** and winter season: **35,589**) distributed to **35,589** households and **2,257** households received poultry support

INCREASE KNOWLEDGE AND ACCESS TO NUTRITIOUS FOOD AT HOUSEHOLD-LEVEL

The Directorate of Agriculture Training provided support to train master trainers in HFP. The District Agriculture Development Offices, District Livestock Services Offices and District Agriculture Offices worked together with Suaahara to develop district trainers. Master trainers facilitated the six-day HFP training to produce local trainers, who in turn conducted the two-day training for 1,000 days mothers and FCHVs to improve HFP actions.

ENHANCING WOMEN'S KNOWLEDGE AND SKILL TO PRODUCE VEGETABLES AND EGGS AT THE HOUSEHOLD LEVEL

In order to enhance women's ability to produce high-quality vegetables and bring about egg production, Suaahara field staff conducted two-day trainings for households focused on the best way to increase production and quality of produce by adapting low-cost improved practices for homestead gardening and back yard poultry raising. The two-day basic HFP training was completed in all nine intensive districts in November 2013 and was initiated and ongoing in most low intensive districts. Given the dynamics of agriculture production, the HFP groups are now being supported to gain additional knowledge and skills based on the identified gaps in earlier trainings. The refresher trainings have started in all HFP intensive districts except Manang and Mustang. The training has helped women to understand the importance of bio-security measures and regularization of vaccination for improved backyard poultry.

CONSULTATION MEETINGS WITH DISTRICT AGRICULTURAL DEVELOPMENT OFFICE AND DISTRICT LIVESTOCK SERVICES OFFICE

To avoid duplication of activities and to build synergy between the seed and poultry support program, meetings with concerned district stakeholders were organized in each district. The coordination meetings with District Agricultural Development Offices resulted in the endorsement of the Suaahara crop calendar, which was distributed to households to assist with ensuring proper planting of seeds. Similarly, consultation and coordination with District Livestock Services Offices facilitated the process of promoting improved breeds of chickens at the household-level. These offices supported the certification of the quality and health of chickens introduced in villages and provided technical support during the chicken distribution process.

DISTRIBUTION OF SEEDS AND CHICKS TO HOUSEHOLDS

Altogether, Suaahara distributed 35,589 composite seed packets of winter season vegetables to target households (FCHVs and 1,000 days mothers) in seven HFP intensive districts (Darchula, Bajura, Bajhang, Rasuwa, Dolakha, Taplejung and Sankhuwasaba). Winter season composite packs contained 10 varieties of vegetable seeds (carrot, pumpkin, cress, onion, fenugreek, spinach, tomato, coriander, broadleaf mustard and radish). In the far western districts, 18,176 seed packets of rainy season vegetables were distributed. Before distribution, Field Supervisors provided orientations on cultivation practices to household members.

A total of 11,359 eight-week brooded chicks were distributed to 2,257 households during this reporting period, which was below the target. This lower-than-expected achievement was due to challenges with poultry logistics and management. The outbreak of H5N1 in July 2013 resulted in over 500,000 chicks being

destroyed in the Kathmandu alone; this severely affected the supply of chicks to the districts. Suaahara took the following actions to address the H5N1 outbreak:

- Brooded older chicks that could not be distributed due to H5N1 outbreak as parent stock.
- Coordinated and consulted with district livestock officials to take precautionary measures.
- Supported households with poultry de-worming medication and reinforced bio-security measures in backyard poultry.

Suaahara is moving forward with chick distribution in a rapid way, and it is anticipated that annual targets for poultry activities will be achieved.



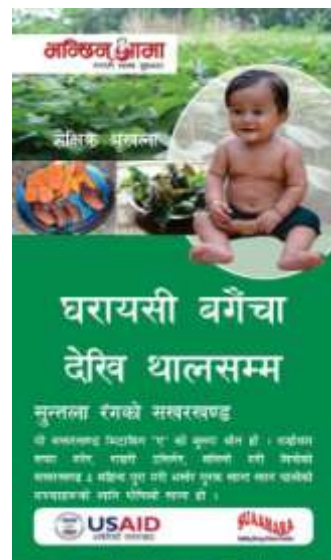
A 1,000-day mother working in her kitchen garden

SUPPORTED TO CONDUCT PLANT CLINICS

To increase the target households' access to services on plant diseases management, two events of mobile plant clinics were conducted in Dolakha. Distributing seeds alone does not complete the support required for women to diversify the nutrient dense vegetable crops. Households may face problems due to unfavorable conditions that lead to occurrence of diseases and pests, which can decrease the production and quality of vegetables. Plant clinics are designed to provide disease diagnostic and recommendation services to community people.

“GARDEN TO PLATE” BROCHURE DEVELOPED AND DISTRIBUTED

Iron rich *Kangkong* and Vitamin A rich orange-fleshed sweet potatoes were introduced into household gardens through the “garden to plate” approach last year, during which Suaahara trained people to grow these vegetables and taught them how to



Garden to plate brochure

prepare nutritious food for children below two years of age and for adults. Since then, the demand for these crops and recipes for preparing them has increased at the community level. Suaahara developed a “garden to plate” brochure as a household-level teaching material, using simple pictorials to enhance use by community leaders like FCHVs, village model farmers and front-line extension workers.

ESTABLISHING DEMONSTRATION GARDEN AT OFFICE PREMISES

To maximize the demonstration effect of HFP at community level, Suaahara has developed model gardens at the office premises of local NGO partners (in Dolakha, Sindhupalchowk, Solukhumbu, Taplejung and Sankhuwasaba) and at some Government offices (e.g., District Agriculture Development Office – Bajhang). These model gardens serve as learning centers for Field Supervisors and others to develop skills and confidence in HFP, especially relating to cultivation, seed germination and testing the performance of seeds that were distributed.

ORIENTATION IN SCHOOLS ON INTEGRATED NUTRITION

School children can serve as important change agents to improve the nutritional status of 1,000 days mothers and children in their villages. Suaahara has initiated the establishment of vegetable gardens on school premises as a ‘nutrition block’ while educating students on integrated nutrition actions. This intervention is being piloted in five schools as a model for

Benefiting by learning, and helping others also benefit



Kamala with her semi-intensive coop

As a FCHV, 42-year-old Kamala Thami from Dolakha District received training from Suaahara on the importance of improving nutrition for 1,000 days mothers and their children. While Suaahara provided the training to build her capacity as a FCHV, being a mother of four children, she personally benefited from the training as well. Kamala made use of her new found knowledge and skills on homestead food production and hygiene and sanitation to bring positive change in her life and the lives of her family members. Previously, she washed and dried dishes on a dirty floor, she now has built two separate slabs to wash and dry utensils. She also managed to buy a separate pair of slippers for her toilet. Kamala made a semi-intensive coop outside to stop poultry from coming inside her house. She is now rearing local poultry within the coop and preparing poultry feed from locally available raw materials. Kamala is happy that this has resulted in higher egg production. She has also established a permanent kitchen garden in her home where she is growing vegetable seeds provided by Suaahara.

Kamala is not stopping there; she is sharing her life changing experience with other community members and convincing them to do the same in their homes. She jumps on any chance to speak and motivate others in healthy mother's group meetings, FCHV meetings, and home visits. Recognizing her initiative, Suaahara has declared her a “village model farmer” and a model to improve WASH status in her VDC. Activities adopted by Kamala have improved her family's hygiene, sanitation and nutritional status and has made her family healthy and happy.

“Being unaware about what local resources we have and how we could benefit from them was hindering our progress,” says Kamala Thami.

potential replication in other districts. For this program, the INP orientation was provided to schoolteachers, students and management committee members of selected schools in Taplejung and Sankhuwasaba. The initiative to establish nutrition gardens is ongoing in Dolakha, Rasuwa, Taplejung and Sankhuwasaba in coordination with the District Education Offices and other district line agencies. Results from the pilot will be shared among key stakeholders once complete.

INTERMEDIATE RESULT 4: STRENGTHENED COORDINATION ON NUTRITION BETWEEN GOVERNMENT AND OTHER STAKEHOLDERS

Suaahara continued to have a strong presence in national and international forums. At the international level, Suaahara's Deputy Chief of Party, Programs participated in The International Congress of Nutrition in Spain in September 2013 and presented in a technical session titled *"Past and Current Experiences in Leveraging Multiple Program and Partner Platforms to Scale-Up Nutrition Interventions."*

At the national level, Suaahara coordinated with the Child Health Division to provide updates and share progress of all related project activities. Suaahara attended three high level nutrition and food security coordination meetings organized by the National Planning Commission. Thematic program managers actively represented Suaahara on various technical working groups such as maternal, infant and young child feeding; anemia, nutrition surveillance, FCHV, and social behavior change and communication. Similarly, the cluster team coordinated with Regional Health Directorates of all four regions related to Suaahara activities.

Joint supervision and monitoring visits by multi-sector stakeholders were conducted in all 20 districts to showcase project achievements and seek feedback on project implementation.

CROSS CUTTING THEMES

GENDER EQUITY AND SOCIAL INCLUSION

- A total of **1,907** DAG households reached through home visits and more than **1,700** DAG members reached through CAC sessions of *Banchhin Aama*
- Participants in Suaahara ENA/EHA and SBCC trainings included **21%** men and **45%** household decision makers

GESI INTEGRATING INITIATIVES

The GESI program tool was updated and shared with all field staff for routine use. The tool assists field staff to ensure that a GESI perspective is integrated into all program activities. Special attention has been paid to updating knowledge of skills of field staff related to how gender discrimination and social exclusion affect health, nutrition, hygiene and sanitation, and agriculture outcomes. The training also reflected strategies that can help to reduce women's workload and increase women's ability to engage in decision-making.

Suaahara staff regularly coordinate GESI activities with other USAID-funded projects, development partners and the GESI units of concerned ministries. In close coordination with the National Health Training Center, Suaahara incorporated GESI in the HFOMC curriculum. Men and other family members with a high degree of influence on decisions regarding health and nutrition of women and children participated in ward-level interactions, basic HFP training (1,287 men, 1,531 other decision makers), food demonstration sessions (13,601 men), hand washing at maternal, infant and young child feeding group meetings and at hand washing corners. Traditional healers also trained 1,000 days women and family members in key nutrition actions (4,196 men and 565 women).

GESI integration in HFOMC function – piloting the community engagement approach: Suaahara is piloting a new community engagement approach that seeks to increase HFOMC's responsiveness to the needs of women and other marginalized groups by strengthening community outreach and participation. This is being implemented in three districts in close collaboration with the Department of Health Services and district offices.

Sessions on family support to 1,000 days women and mothers have been designed and incorporated in each of Suaahara's components and training materials. The integrated home visit checklist has a section that provides a guideline for interaction with key members of the family. *Banchhin Aama* radio programs have incorporated episodes on building the self-confidence of women and the supportive role of husbands, parents-in-law and family in improving nutrition. Suaahara's initiatives are expected to reduce women's workload and increase their access to resources, services and decision-making power. Some examples already received from the field demonstrate men's involvement and support in regard to their wives health and nutrition. Suaahara will be highlighting these in future success stories and case studies.

REACHING OUT TO DAG HOUSEHOLDS AND COMMUNITIES

DAG mapping information was used to reach DAG households and increase their participation. Field Supervisors conducted 1,907 home visits among DAG households – many of these households also received material support for latrine construction. In addition, Suaahara's recently launched *Banchhin Aama* radio program (see below for more details) included intensive discussion and REFLECT sessions at Community Action Centers in 42 DAG VDCs. HFP model is being implemented in the DAG communities. The opinions and

reflections of women and men of DAG communities are collected through program monitoring activities.

SOCIAL MOBILIZATION AND GOVERNANCE

Suaahara significantly escalated social mobilization and governance activities during this period ensuring that District Development Committees and District Multi-sector and Food Security Steering Committees endorsed all activities. Three new districts established Nutrition and Food Security Steering Committees, bringing the total to 20.

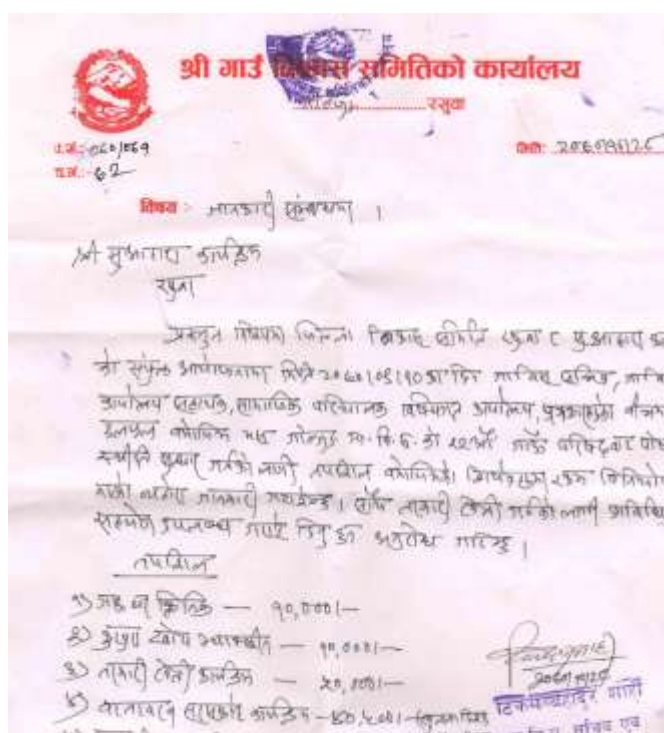
- 11 districts committed a total of **NPR 6,310,800** budget on integrated nutrition promotion related activities from VDC block grants.

MEETINGS AND ORIENTATION

Twenty meetings were conducted in project districts and five districts have organized one-day orientations on social mobilization and governance for INP to multi-sector district level stakeholders in line with the Ministry of Federal Affairs and Local Development (MOFALD) guidelines. One hundred and twenty stakeholders participated in the meetings. Similarly, 290 VDCs have formed VDC-level Nutrition and Food Security Steering Committees, and Suaahara supported the organization of 297 review meetings. Suaahara field staff conducted VDC-level one-day orientations on social mobilization and governance for INP in 42 DAG VDCs for 300 stakeholders (Male, 212; Female, 88). Fourteen districts organized 3-day orientations for Social Mobilizers and Field Supervisors in coordination with District Development Committee Local Governance and Community Development Program to conduct REFLECT sessions for community action center (CAC) members linked with radio listening group. A total of 670 people participated in these trainings. After these trainings, 239 DAG VDCs have organized 205 REFLECT sessions with INP.

VDC BLOCK GRANTS

Suaahara's advocacy activities at the district level have resulted in 11 districts allocating budget to INP-related activities from their VDC block grant funds. The total allocated amount was NPR 6,310,800 (July 2013/June 2014 and July 2014/June 2015). This funding will support promotional activities for 1,000 days mothers; Primary Health Care Center/ Outreach Clinic (PHC/ORC); vaccination for poultry; HFP training, improved cooking stove installation and seed distribution to 1,000 days mother not covered by the Suaahara program; one home garden (vegetable) initiative; integrated nutrition related activities; FCHVs; birthing centers; ODF activities; and organic farming.



VDC letter indicating the budget allocated in Rasuwa for Integrated Nutrition activities for FY July 2013-June 2014

Table 1: DDC and VDC block grant allocation for INP

Block grant allocation for INP	
Total Districts	11
Total Village Development Committees	100
Total allocated budget by 1 DDC for FY July 2013 to June 2014	NPR 100,000
Total allocated budget by 10 VDCs for FY July 2013 to June 2014 by VDC	NPR 325,100
Total committed budget by 90 VDCs for FY July 2014 to June 2015 (Next FY)	NPR 5,885,700
Total Budget (allocated for FY July 2013 to June 2014 and committed for FY July 2014 to June 2015)	NPR 6,310,800

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

MONITORING OUTCOMES THROUGH DISTRICT LEVEL SURVEY

In year two, Suaahara initiated a district level survey approach in all districts in order to collect outcome level data as a means to monitor district level program performance. In order to facilitate rapid and timely turnaround of data, Suaahara employed a lot quality assurance sampling (LQAS) approach. LQAS works by subdividing program catchment areas (e.g. districts) into smaller areas that deliver services, the supervision area (SA). The main reason LQAS was chosen by Suaahara was because a small sample size (19 households per SA) is enough to estimate coverage for an entire district by aggregating data from all SAs in the district. Field-level managers can then use these data to develop action plans to strengthen those SAs not meeting program standards.

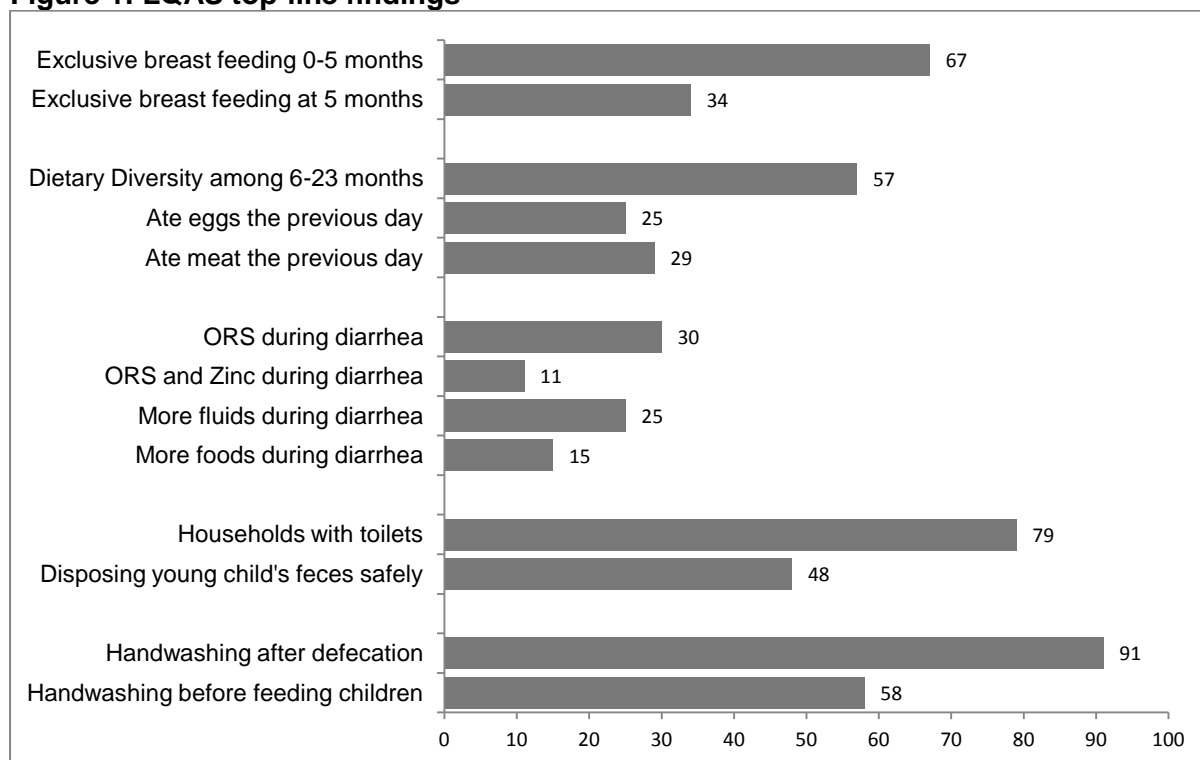
The following process was used to implement the surveys:

- Mothers with a child below two years of age were taken as respondents for the survey. For consistency, the same questionnaire that was used in the baseline was used for this survey.
- Depending upon district size and the number of Field Supervisors, each district was subdivided into five to seven SAs. Through the population probability to size technique, 19 households were identified in each SA in the district.
- Field Supervisors were trained on data collection techniques, with some receiving additional training on the use of smartphones for data collection. Training also included demonstrations and field practical sessions. District stakeholders also attended the training and provided supervision support for the first few days of data collection.
- To assess the age specific infant and young child feeding indicators, one sample each was taken from the mothers of children 0-5 months of age and the mothers of children 6-23 months of age from each interview location.

Data collected were analyzed using Excel and STATA. The results produced were weighted at the district level to come up with district level aggregate results, and at the national level to come up with the project level results.

At the project level, these results were used to set targets and to inform and guide strategies for the year three workplan. Figure 1 presents the top-line findings at the national level.

Figure 1: LQAS top-line findings



At the district level, Suaahara staff shared the survey findings with local NGOs and district level stakeholders. This forum also served the purpose of sensitizing stakeholders on the LQAS methodology and the district situation on key outcome indicators. Targets for these indicators were set for year three and action plans to strengthen those SAs that did not meet the performance standards were developed. Suaahara further disaggregated survey data by sex, Dalit and non-Dalit, ODF and non-ODF, and other categories relevant to specific indicators.

These results have served to assist program staff to refine program strategies and interventions with better targeting of effort for different groups, ecological regions and clusters.

USING SMARTPHONE FOR TRACKING NUTRITION OUTCOMES

During the district-level surveys, Suaahara piloted the use of smartphones to accelerate data collection, management and analysis and to improve data quality. Initially a mobile application was developed and Field Supervisors from pilot districts Solukhumbu (mountain), Lamjung (Hills) and Nawalparasi (Terai) were trained to enter data into the mobile phone 'Samsung Galaxy Y' and transmit data to the central server using the Ncell's mobile data service. Data were then collated, analyzed and disseminated.

Paper based LQAS surveys conducted in the 17 other districts showed that it was logistically difficult to carry bundles of questionnaires into remote places. The system was also constrained by time consuming and error-prone paper based data collection followed by manual data entry. Data transfer took significant time to reach a level at which they could be analyzed, and lack of human resources to accomplish analysis led to delay in use of data. Consequently, monitoring of nutrition outcomes in real time and timely response was difficult. Smartphones, on the other hand, improved data flow, provided faster data transmission,

Advantages of the use of smart phones for district-level LQAS surveys:

- **Timeliness:** The use of smart phones reduced the time of data collection, data reporting, and data analysis and presentation
- **Data Quality:** Use of smart phones showed significant differences in data quality compared to paper-based LQAS. Data entry accuracy and data completeness improved with the use of smart phone
- **Data analysis and visualization:** The online database of the mobile application enabled rapid analysis and effective presentation of the survey data. Respondents' locations were visually tracked against the supervision area, which was not possible in paper based LQAS survey

analysis and dissemination; it improved data quality, lowered cost and presented faster access to data and prompt feedback.

A few challenges in using the smartphones included: low network coverage in remote places and load shedding. However, using the memory card of the smartphone to store data until it could be uploaded and the provision of an additional battery mitigated these issues. With prices of mobile phones falling rapidly and increasing network coverage, the future of mobile technology to track nutrition outcomes looks bright.

DATA QUALITY ASSESSMENT

Data quality assessments have taken place in 12 districts. The results have been useful in identifying ways to strengthen to the existing monitoring and evaluation system. Action plans to improve accuracy of data are being developed and implemented. District and local NGO staff commit to addressing the need for regular data verification. As a follow-up, a verification log has been developed and clusters are taking the lead to monitor the data verification being undertaken.

ONLINE PROGRAM MANAGEMENT INFORMATION SYSTEM (OPMIS)

Suaahara has developed an OPMIS system in order to further streamline data management, analysis and reporting. By using an online system, data reporting from the district level will become more efficient, reducing the need for multiple data entry and verification. The system will be rolled out to all districts by April 2014. In addition to Suaahara staff, other partner agencies will be able to access certain data (with restrictions) so as to increase the transparency of Suaahara's project achievements. Suaahara anticipates the introduction of this system will create significant efficiencies in terms of data management, data quality, generation of reports, and availability of data on time.

SOCIAL BEHAVIOR CHANGE COMMUNICATION

BHANCHHIN AAMA INTEGRATED CAMPAIGN

With Suaahara's vast scope of objectives and messaging involving multiple sectors and target groups the need for a cohesive communication platform to tie together varied messages and reinforce recommended actions was realized. An integrated communication platform called *Bhanchhin Aama* (Mother Says) was envisioned. This platform, through a wide array of communication and social mobilization channels, comprehensively integrates nutrition with WASH, agriculture and health services promotional messages. The *Bhanchhin Aama* approach is built on two key premises: i) Mothers-in-law are key decision-makers in households; ii) All parents and family members have high aspirations for children. In *Bhanchhin Aama* materials, the mother-in-law is used as the central character to advise, counsel and recommend intended behavior change. The *Bhanchhin Aama* campaign is

being integrated into field-level activities carried out from year three onwards. An activities integration guide has been developed and distributed to all districts for reference and implementation. Branding guidelines for integrating the mnemonic, slogan, and standardization of *Aama's* (the mother in laws') 'look' in various Suaahara materials has been completed. The process of branding new materials and rebranding existing materials is currently underway and will continue throughout the coming months.

BHANCHHIN AAMA RADIO AND HELLO! BHANCHHIN AAMA

As a component of the larger communication platform, the *Bhanchhin Aama* and *Hello! Bhanchhin Aama* phone-in radio program are two linked programs conducted in three of the most common languages in Nepal. *Bhanchhin Aama* is an entertaining and educational radio drama and is accompanied by *Hello! Bhanchhin Aama*, which is a call in program. Suaahara developed these programs in order to further its reach into communities and households. Based on a government-endorsed design document produced in January 2013, these combined programs tackle many of the social, household and individual barriers to positive behavior change as it relates to 1,000 days mothers and their children. The interactive call-in show allows for greater discussion with mother's groups and individuals, and ensures that listeners are able to participate in the programs themselves. Each radio episode has generated an average of 1,600 responses. A team comprised of Suaahara staff and staff from the National Health Education, Information and Communication Center review each call and SMS so as to address questions and comments appropriately in the following program. Sixty trainers were trained to orient 242 Citizen Awareness Center¹ Social Mobilizers from the selected DAG VDCs on proper facilitation of the radio discussion linked to their ongoing sessions. Care was taken to follow the *REFLECT* method (as the radio was the starting point for discussions that would generate deeper reflection and lead to behavior change actions and social changes).



Radio discussions thorough a local CAC group

"I like this show very much and I never miss it. Earlier I didn't know many things about how to bring up children, but after listening to this program, I have started being conscious about it. This show has really become fruitful to me in bringing up my little daughter." *Uma, Ghanapokhara*

ADDITIONAL SBCC ACTIVITIES AND SUPPORT

- Integrated materials meetings were held regularly to update the integrated materials matrix. An internal system was recently established within Suaahara to better standardize the materials being produced by the project.
- Guidelines to collect case studies were coordinated directly with the district teams to generate more than 20 case studies and related photographs. These case studies and photographs are currently used in Suaahara documents and by USAID.
- Media advocacy meetings were held in each Suaahara district (except Parbat District) earlier in the year. This helped to build Suaahara's rapport with the local media and has generated coverage for Suaahara activities.

¹Citizen Awareness Centers are formed under the Ministry of Local Development. The VDCs and Citizen Awareness Centers selected for the focused radio discussion following the message aired from Radio program were selected by district Nutrition and Food Security committee (Multi-sector Nutrition Steering committee) and covers 25% VDC of each district.

- The SBCC team worked in close coordination MOHP divisions and centers as well as other government agencies including, the National Planning Commission, and external development partners and UN agencies, to provide technical support to further national action plans, strategies, and campaigns.

MANAGEMENT

A management priority for this reporting period was the preparatory activities to enter five additional districts: Baitadi, Achham, Doti, Dadeldhura and Nuwakot. Suaahara management developed an action plan with implementing agencies, held coordination meetings with central- and district-level government colleagues as well as with colleagues from USAID-funded projects operating in those districts and initiated a competitive NGO selection process for implementation at the district level. It is expected that activities will commence in all five districts in May 2014.

HUMAN RESOURCES

NEW POSITIONS

The following new positions were planned and recruited.

- WASH Manager – Kathmandu Office
- Outreach Communication Specialist – Kathmandu Office
- Program Support Officer – Pokhara Cluster Office

ADDITIONAL POSITIONS FILLED IN SUAAHARA

Initially, Agriculture Officers were appointed in nine working districts of Suaahara. Considering the program requirements, cluster Agriculture Officers were placed in additional districts in Rupandehi and Myagdi districts. Similarly, one additional Agriculture Coordinator was placed in Pokhara to oversee the increased focus on agriculture activities in the cluster. Additional ENA District Officers were placed in both Rupandehi and Nawalparasi.

INTERNSHIP PROGRAM

Suaahara continues its internship program with the first batch of interns continuing their participation in the project. One intern was hired as full-time staff as the Agriculture Officer in the Bajhang District Office. The next batch of 11 interns will be joining the project by March 2014; interns will be assigned to Baglung, Rupandehi, Mustang, Syangja, Bajura, Bajhang, Darchula, Dolakha, Sindhupalchowk, Solukhumbu and central cluster office.

STAFFING PLAN FOR ADDITIONAL FIVE NEW DISTRICTS (ACHHAM, BAITADI, DOTI, DADEL DHURA AND NUWAKOT)

As Suaahara expands into Achham, Baitadi, Doti, Dadeldhura and Nuwakot, initial plans suggest that the following new staff will be hired in order to carry activities.

- HKI: 14 (Cluster and District Offices)
- SCI: 6 (Cluster and District Offices)
- NEWAH: 5 (District Offices)
- NTAG: 5 (District Offices)

UPDATE ON INTERNATIONAL TRAVEL

Table 2 highlights the international travel during this reporting period. A more detailed report on the status of international overall for Suaahara can be found in Annex 2.

Table 2: International travel

S.N.	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks
1	US-Nepal-US	Ms. Silvia Alayon	1	11 – 18 January 2014	To facilitate a three-day workshop to document the program impact pathway for the Suaahara project and to assist the Suaahara team to develop a process evaluation plan.	100%
2	Cambodia-Nepal-Cambodia	Mr. Akoto Osei	1	12 – 18 August, 2013	TA to Suaahara	100%
3	US-Nepal-US	Ma. Valerie Caldas	0	11 June – 9 October, 2013	Document Integrated Nutrition activities focus on social behavior change communication, including community mobilization and service delivery activities and the roll out of the national integrated nutrition campaign, support Baltimore and Nepal staff when appropriate (monitoring & evaluation, etc.)	Her trip was covered by a grant from the JHU School of Public Health.
4	US-Nepal-US	Mr. Basil Awni Safi	0.5	6 – 14 September, 2013	Work on IR 2 various activities, support in various SBCC activities, discuss on financial audit	50% cost charged to Suaahara
5	US-Nepal-US	Ms. Caroline Jacoby	1	1 – 19 January 2014	To facilitate a three-day workshop to document the program impact pathway for the Suaahara project and to assist the Suaahara team to develop a process evaluation plan.	100%

FINANCIAL STATUS SUMMARY

The preliminary expenditure report for this reporting period (as of January 31, 2014) is as follows

Table 3: Expenditure table

S.N.	Budget Elements	Amount in USD
1	Personnel/Fringe Benefits and Allowances	2,176,874
2	Travel and Per Diem/Supplies and Equipment	423,865
3	Contractual/Other Direct Costs	481,720
4	Sub agreements/Program Costs	12,117,688
5	Indirect Charges	1,492,691
6	Total USAID Contribution	16,692,838
7	Cost Share	2,074,378
	Total Program Expenditures	USD 18,767,215

The current USAID obligated amount is \$19,812,032; Suaahara has spent \$16,692,838, which accounts for 84 percent the obligated amount. However, total program expenditures including cost share is \$18,767,215. Expenditures during October, November and December were lower than expected due to the Constituent Assembly elections in November, which restricted many program activities taking place: the Election Commissions code of conduct and unavailability of local government staff because of election observation responsibilities restricted Suaahara from implementing many early programs. Additionally, the outbreak of bird flu in Nepal disrupted the rearing and distribution of chicks. Suaahara partners have developed plans to accelerate program implementation in order to ensure the achievement of program objectives.

CHALLENGES AND OPPORTUNITIES

During this project period, the project faced the following programmatic challenges:

- **November elections:** The code of conduct issued by the Election Commission during the lead up to the November Constituent Assembly elections prevented Suaahara from implementing new activities – especially related to HFP. In addition, many local government staff were assigned to specific duties during the election, which affected the implementation of activities and burn rate.
- **Cooking demonstrations:** Geographical distances are making it difficult for many 1,000 days mothers to observe cooking demonstrations, given the long distances required to travel for such events. In order to compensate for this, Suaahara is using temporary cooking stoves at more convenient locations in order to make these important events more accessible to mothers.
- **Addressing gaps in reaching DAG women:** Many women, especially from DAG communities, do not regularly participate in routine mothers' group meetings. Home visits have been found to be an effective way to interact with these women in order to ensure that they adopt and sustain optimal health and nutrition behaviors. In addition, Suaahara is exploring the potential of using peer facilitators to further increase reach among women that are not participating in routine meetings.
- **Post-ODF strategies:** While ODF declaration is increasing in districts and D-WASH CCs are also making requests to Suaahara to take the lead on ODF campaigning, there is yet to be a systematic plan for sustainability after ODF declaration. Suaahara is working to develop mechanisms that can be put in place in order to sustain the achievements of ODF declaration through post-ODF strategies that can be adopted at the VDC and district levels.
- **Monitoring of HFP interventions:** Intensive monitoring and supervision is required for key HFP interventions such as monitoring of chicken coops and fencing of coops in each household, germination of seeds and growing status in each household garden. Suaahara is considering using a participatory monitoring through 1,000 days mothers' groups to make each chick and seed recipient household accountable for practicing improved HFP actions.
- **Landless households:** Some extremely poor families do not have land on which to establish kitchen gardens. New strategies are required to assist landless households to ensure they have access to HFP activities.
- **Poultry logistics management:** Managing the logistics for the backyard poultry component of Suaahara remains a challenge, given that the chicks are live commodities. The unpredicted outbreak of bird flu and ban on commodity distribution before the November elections disrupted the supply of chicks through Suaahara. The Suaahara team is working to expand the number of distributors of chicks in order to help avoid such disruption in the future.
- **Vehicle management:** Existing vehicles (with the exception of new vehicles received under Suaahara) are not in good condition. The older vehicles received under the project routinely require maintenance, which in turn reduces the mobility of staff to carry out activities.

PRIORITIES FOR THE NEXT SIX MONTHS

In the coming six months, Suaahara will expand activities in an additional five districts and continue to implement quality programs in the existing 20 districts. Suaahara will place priority on the below areas.

INTEGRATED NUTRITION

- Reinforce health and nutrition behaviors and reach 1,000 days mothers using multiple entry points, especially mass media and food demonstrations.
- Enhance the capacity of 1,000 days mothers' group as an effective contact point and help them conduct monthly meetings on a regular basis
- Implement the operations research plan to assess the effectiveness of reaching DAGs through mobilization of peers.

HYGIENE AND SANITATION PROMOTION

- Give added emphasis on sustainability of post ODF zones and prioritize relevant activities
- Focus on building safe hygiene behavior among Suaahara's target audience
- Prompt district and VDC coordination committees to take leadership in systematic planning and mobilization of WASH activities.

HEALTH SERVICE PROMOTION

- While this reporting period was focused on HSP providing orientations and developing manuals and training, the coming months will focus on reaching out to target population and increasing service utilization.

HOMESTEAD FOOD PRODUCTION

- Develop village model farms as resource and service centers to reach new as well as DAG 1,000 days mothers.
- Follow up, supportive supervision and monitoring of household garden and backyard poultry based on defined indicators of quality outcome. Also, strengthen poultry distribution mechanism.

GESI

- Conduct routine monitoring visits to assess the utility and value of the GESI tools developed for field-level staff.
- Continue efforts to reduce women's workload and increase access to resources and services and decision-making power through existing program interventions (e.g., INP, HFP activities and SBCC).

SOCIAL MOBILIZATION AND GOVERNANCE

- Increase advocacy efforts at all levels within the government to institutionalize social mobilization and governance as a necessary approach to creating a positive environment for 1,000 days mothers and children to reach their full potential.
- Generate awareness among and mobilize Ward Citizen Forums (WCF) to advocate for the allocation of VDC block grant funding to support nutrition efforts.

- Prepare and build the capacity of community facilitators to effectively regularize the community action cycle at community level.
- Build capacity of WCF, CAC and 1,000 days mothers to advocate their basic right to sustain Integrated Nutrition related program at community level.

M&E

- Roll out the OPMIS to all districts by April 2014 as a way to more rapidly collect, manage, analyze and report Suaahara program data
- Expand pilot program for use of smartphones at the household level for routine data collection and reporting; if successful determine the feasibility of scaling up the use of smartphones to all Suaahara districts.
- Conduct the second round of district-level program monitoring studies, using LQAS sampling methodology, in all 20 districts by July 2014.

SBCC

- Use the *Bhanchhin Aama* radio program with Community Awareness Centers as a means to identify nutrition-related issues and to facilitate the development of action plans and solutions to address these. Special focus will be placed on women from DAG households.
- Implement the *Bhanchhin Aama* campaign at the field level through the production and distribution of print and outdoor media materials and integrate the concept into existing communication materials to enhance and standardize the quality of all Suaahara materials.
- Expand the *Bhanchhin Aama* radio and *Hello! Bhanchhin Aama* radio programs to non-DAG VDCs and further coordinate with nutrition stakeholders in the development of phase II storylines and production.

ANNEXES

ANNEX 1: SUA AHARA PERFORMANCE AGAINST ANNUAL TARGETS, AUGUST 1, 2013-JANUARY 31, 2014

ANNEX 2: SUA AHARA INTERNATIONAL TRAVEL

ANNEX 1: SUA AHARA PERFORMANCE AGAINST ANNUAL TARGETS (AUGUST 1, 2013 – JANUARY 31, 2014)

The below table provides a summary of progress against planned activities for year three. Please note that many activities are ongoing and therefore progress has not been reported. Suaahara is committed to deliver on the planned activities by the end of the project year.

INDICATORS	ACTIVITIES	TARGET	ACHIEVEMENT THROUGH JANUARY 31, 2014	REMARKS
INTERMEDIATE RESULT 1: Household (HH) Health and Nutrition Behaviors are improved				
Output 1.1 HH Adopt Essential Nutrition Actions/ Essential Hygiene Actions				
% of infants 0-5 months who were put to the breast within 1 hour of birth	Organize 2 days orientation on peer education modules approach to Field Supervisors and HF in-charge by ENA Officer.	1,132 Participants		
% of infants 0-5 months who received only breast milk during the previous day.	Support for: a) Selection of peer educators using provided guidelines and b) Organize training (2+1+1 days) to peer educators using peer education modules, to reach DAG communities	14,206 Participants	432 selection of peer facilitators	
% of children 6-23 months of age receiving foods from ≥ 4 food groups during the previous day	Organize 1-day INP orientation to traditional healers/religious leaders.	6,202 participants	4,714 participants	
Minimum meal frequency among children 6-23 months	Organize 2-day refresher training on INP for FCHVs, by Field Supervisors and HF in-charge	10,166 participants	2,744 participants	
Prevalence of children 6-23 months receiving minimum acceptable diet	Disseminate program updates on the quarterly basis through local FMs	56 times	9 times	
% of children 6-23 months of age who consumed vitamin A rich animal-source foods during previous 24 hours.	Organize nutritious food recipes demonstration sessions during MIYCF including HFPB group meetings along with men's participation through FCHVs/ Field Supervisors.	7,919 groups	47,523 participants (1501 events, 1384 wards and 553 FCHVs involved)	
% of children 6-23 months of age who consumed iron-rich animal-source foods during previous 24 hours.	Conduct home visits with 1,000 days households by Field Supervisors, with a focus on DAG households	22,652 HHs	14,969 HHs (2,824 Follow up visit and 1,907 DAG HHs Visit)	
% of sick children 6-23 months of age fed more after their illness	Conduct 2-day INP training to teachers and members of school child clubs by Field Supervisors and teachers	1,017 participants		
	Celebrate nutrition-related days at district and VDC level (Breast feeding week, FCHV day, Nutrition week, Egg day)	73 events	463 Events	
	Support in distribution of GESI sensitive BCC materials (Poster, brochures, job aids, radio jingles/sports etc.) and ensure display at district and community level	488 VDCs	584 VDCs	

	Facilitate discussion among Community Awareness Center (CAC) group members based on the messages disseminated by <i>Bhanchhin Aama</i> radio program as well as celebration of key life events and identification of ideal families through LGCDP social mobilizers in 25% of VDCs	221 VDCs	221 VDCs	
	Organize a follow-up program with media persons to sensitize and update them on Suaahara activities with a focus on health and nutrition issues	19 Events		
	Facilitate INP training for RVWRMP-II staff by ENA Officer.	2 Events		Bajura and Taplejung
	Organize wall painting with key health and nutrition messages including HTSP in the health facility and public places (ensuring wall painting in appropriate place where it can be seen for long term)	20 Places		Rupandehi
	Conduct ward level interaction with male groups	15 VDCs	46 VDCs (377 WLI and 1,744 Participants)	Rupandehi and Mustang
	Organize ward level interactions, based on INP, with members of mothers groups and decision-makers	334 Wards	3,345 Wards (113,477 Participants)	Rupandehi and Parbat
	Support in display of the hoarding boards for INP messages at strategic places	52 Places	8 Places	7 Districts
	Organize training on radio program for social mobilizers of selected VDCs of the district.	2 times/ 239 VDCs		
	Organize 1-day district nutrition and sanitation workshop to identify the local issues with concerned stakeholders	1 Event		Bhojpur
	Organize orientation program and sensitize the people about mothers of 1,000 days by hanging flags at HH level.	2 VDCs		Lamjung
	Organize 5 days integrated ENA (Wash, Health) training for FCHVs and key non-health sector staff.		1 Event (11 Participants)	Carry over from year two
Output 1.2 Households Adopt Essential Hygiene Actions (EHA)				
Hygiene & Sanitation Improvement				
Percent of HHs using an improved sanitation facility	Organize meetings with members of D-WASH CC regarding WASH related issues on quarterly basis	80 Events	25 Events	
Percent of population in target areas practicing open defecation	Support D-WASH CC members in conducting supportive supervision/monitoring of ODF and post ODF activities	62 VDCs	7 VDCs	
Number of communities (VDCs) certified as 'open defecation free' as a result of USG assistance.	Organize 4-day training on hygiene and sanitation for CHSF (9 participants per VDCs) and mobilize CHSF in ODF and post-ODF VDCs	12 VDCs	13 VDCs	

% of child caregivers and food preparers with appropriate hand washing behavior	Organize review meetings with members of V-WASH CC and CHSF to improve WASH activities	68 VDCs	54 VDCs	
% of HHs with soap and water at hand washing station commonly used by family members	Organize 2-day hygiene and sanitation management training for V-WASH-CC	42 VDCs	11 VDCS	
Percent of HHs using an improved drinking water source	Organize 2-day hygiene and sanitation training of members of CBOs, Forest User Group, religious groups (30 participants/VDC)	12 VDCs (360 participants)	5 VDCs (126 participants)	
% of mothers who dispose of their youngest child's fecal matter safely	Organize training on hygiene and sanitation for members of child club (11 participants/event)	12 VDCs (132 participants)	35 events (1,126 participants)	
	Support 3-day sanitation training for masons using basic tools	324 participants	73 participants	
	Establish a model sanitation package for demonstration (drying rack, baby pot, garbage pit, bucket with tap, nail cutter and latrine) in a VDC for replication of the same in remaining sites of VDCs.	20 VDCs	14 VDCs	10 Districts
	Conduct triggering activities to internalize the community and preparation of action plan for 2 VDCs (each ward/cluster)	30 VDCs	8 VDCs	10 Districts
	Support V-WASH CC for management and declaration of ODF VDCs	50 VDCs	5 VDCs	
	Organize interaction program/field visit with local media person to publish stories on water, sanitation and hygiene	36 VDCs/ 12 Districts	17 VDCs (27 Stories published)	
	Develop and place hoarding boards in coordination with D-WASHCC to disseminate hygiene and sanitation message	36 VDCs/ 12 Districts	10 VDCs	
	Provide material support to DAG households, in coordination with V-WASH CC	42 VDCs/ 14 Districts	2 VDCs (1 District)	
	Organize motivational activities for members of child club through support of locally appropriate items as: stationary and sports items	1 Event /2 Districts		Bajhang, Darchula
	Support to organize a hygiene and sanitation workshop with district stakeholders to identify the district priorities	3 Districts		Myagdi, Nawalparasi and Rupandehi
	Organize meeting with members of Federation of Water and Sanitation Users Nepal (FEDWASUN) to get support for advocacy on CLTS at the community level	3 Districts		
	Organize exposure visits for members of V-WASH CC to learn successful event of other VDCs of the district by DC/EHA Supervisors/FC	13 Districts		

	Support to conduct basic Hygiene Indicator development workshop interaction with CHSF, V-WASH CC and Sanitation mason by EHA Supervisors and Field Coordinator	12 Districts		
	Support sanitation kits to DAG families in selected wards of 12 VDCs (as: baby pot, bucket with tap) to promote Hygiene and Sanitation behavior through CHSF and FS	2 Districts		
	Organize street drama, quiz contest, folk song competition and other relevant activities to sensitize the issues of WASH	One event		Gorkha
Scale-up of Hygiene and Sanitation promotion				
	Interaction with MIYCF groups along with men's participation on hand washing, food hygiene, use of latrine, PoU (link with agriculture, nutrition)	All VDCs/ 20 Districts	231 VDCs	
	Sensitize and promote use of mats and other environmental hygiene	All VDCs/ 20 Districts	325 VDCs	
	Organize national day celebration such as: World Water Day, Global Hand Washing Day, National Sanitation Week in coordination with D-WASH and V- WASH CC	All VDCs/ 20 Districts	440 VDCs (21,208 direct reached)	
	Organize orientation program for members V-WASH CC about use of PA vial for testing of water quality	20 Districts	28 VDCs (903 participants)	
	Support message dissemination through wall paintings on hygiene and sanitation promotion in coordination with D/V-WASH CC	14 VDCs/20 Districts	2 VDCs	
	Regular follow-up to DAG households to promote hygiene and sanitation behaviors	1,126	777 HHs	
	Support in dissemination of hygiene and Sanitation promotion message: a) Translation of hygiene and sanitation promotion message received from central level b) Broadcast and publish through local FM/Newspapers.	3 Events		Only in Bajhang
	Support discussion (and practice) on the importance of hand washing, use of latrine, safe disposal of child feces during INP trainings	All VDCs 20 Districts	297 VDCs	
	Establish hand washing corner during food demonstration at MIYCF meetings through	All VDCs/ 20 Districts	581 events (11,433 directly reached)	
	Organize a strategic planning meeting with V-WASH CC for developing WASH program in selected 40 VDCs		112 meetings (363 Participants)	Year two activity

INTERMEDIATE RESULT 2: Women and children increase use of quality nutrition and health services				
Output 2.1: Improved capacity of service providers to provide counseling on nutrition and maternal & child health services				
Number of people trained in child health and nutrition (Mandatory)	Organize the workshop at District Health Offices to discuss and develop action plans for strengthening the service delivery of nutrition interventions, especially treatment of sick children, feeding during and after illness, maternal nutrition (improved compliance with iron, de-worming, dietary diversification behaviors)	20 Districts	3 Districts (204 participants)	
% of health workers with improved knowledge in counseling and related MCH services as a result of the trainings	Organize refresher training programs for health workers using revised CB-IMCI package	869 Participants		Sankhuwas abha, Taplejung, Lamjung, Myagdi and Bajhang
% of service providers providing adequate nutrition counseling.	Organize refresher training program for FCHVs using revised CB-IMCI package	1,117 Participants		Sankhuwas abha, Myagdi and Bajhang
Output 2.2: Improved quality of health service delivery in partnership with the health facility and community.				
Percent of newborns receiving post natal health check within 2 days of birth	Support DHO/DPHO review meetings with health facility In-charges to discuss the progress of action plan to improve service delivery of nutrition program.	20 Districts	1 Districts	
Percent of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	Support organizing of training programs for members of HFOMC/HF staff using PDQ approach in selected (low performing) health facilities	3 Districts		Sankhuwas abha/ Myagdi/Gor kha
Number of HFOMCs who have been engaged in a QI process	Support organizing of 1-day follow up workshops on PDQ process with members HFOMC and HF staff	3 Districts	6 HFs (76 participants)	Sankhuwas abha/ Myagdi/Gor kha
Number of HFOMCs who have addressed at least two issues related to quality each year.	Support organizing of 1-day meetings with members of WCF/VDCs to link HFOMCs for resource mobilization	3 Districts	16 meeting (414 participants and 6 districts)	Sankhuwas abha/ Myagdi/Gor kha
	Support strengthening of HFs/PHC outreach clinics through provision of essential equipment/materials to improve quality nutrition services	3 Districts		Sankhuwas abha/ Myagdi/Gor kha
	Support HFOMC monthly meetings to discuss the issues related to nutrition and identify the corrective actions	188 HFs	33 HFs (479 participants)	

	Organize 2-day orientation program for members of HFOMC to ensure quality services for 1,000 days mothers and children	86 HFIs/ 5 Districts		
	Support monthly meetings of FCHVs at the health facility level to review and identify the corrective actions to improve the treatment of sick children, feeding during & after illness including the use of ORS, zinc and iron/folic acid	313 HFIs/ 7 Districts		
	Support joint supervision/monitoring visits with DHO/DDC to strengthen the service delivery of nutrition services health facilities	4 Times		
Percent of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.	Distribute BCC materials (Posters, brochures, job aids, Radio jingles/Spots etc.) for display and use to create enabling environment at household, community, and SDP level for adoption of (ENA/EHA) behavioral actions	20 Districts		
	Monitor key commodities related with MNCH services (e.g., zinc, ORS, pills condom, Depo-Provera, IUCD, implant, iron, vitamin A and pediatric cotrim)	20 Districts	11 Districts	
	Conduct 4 days training on PDQ with involvement of HFOMC in low performing health facilities		48 trainings (1,872 participants)	Year two activity
	Organize a meeting with VDC or ward citizen forum to link HFOMCs with VDC Council for resource generation.		8 meetings (190 participants)	Year two activity
Output 2.3: Increased accessibility of nutrition and related health services including excluded communities.				
Percent of newborns receiving post natal health check within 2 days of birth	Conduct orientation program (2 days) on strengthening of PHC/ORC for district supervisors and health facilities-in charge	1 Event / 6 Districts		
Percent of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	Support orientation programs for HFOMC members to strengthen the low performing PHC/ORCs	67 PHC/ORC Clinics / 6 Districts		
Percent of children with pneumonia taken to appropriate care	Support interaction programs with community leaders/teachers/traditional healers/opinion leaders to improved utilization of nutrition services from PHC/ORCs	96 PHC/ORC Clinics / 6 Districts	11 PHC/ORC Clinics	

Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide	Support strengthening of PHC/ORCs through provision of essential equipment/material to improve quality nutrition services	6 Districts	35 HFs	
	3 days TOT on PHC/ORC strengthening at cluster level for ENA Officer/ NFP/ ORC Focal Person P/FP Focal Person /Public Health Nurse	16 participants (in Pokhara cluster)		
	Organize progress review and reflection meeting/workshop of PHC/ORC in coordination with FHD at center level	PHN / FP Focal person /ENA Officer		
Output 2.4: Improved healthy timing and spacing of pregnancy (HTSP) with focus on marginalized unreached women				
Percent of USG assisted service delivery sites providing FP counseling and/or services.	Conduct 3-day district orientation (DTOT) on FP/ HTSP to district supervisors	11 Districts	6 Training in 6 districts (132 participants)	
Number of people trained in FP/RH through USG supported programs	Conduct 3-day orientation on HTSP/ FP to all service providers	1,615 Service Providers/11 Districts	64 events in 10 districts (1538 service providers)	
% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.	Support the counseling services of nutrition, especially FP/HTSP, by health workers through regular monitoring visits (using check list)	20 Districts	439 monitoring visits by FS/LNGO/ District team (5 districts)	
% of USG assisted service delivery points (SDPs) that experienced a stock out at any time during the defined reporting period of any contraceptive methods that the SDP is expected to provide.	Conduct orientation on FP compliance for service providers at all levels during regular district level review meetings/workshops	1,615 Service Providers/11 Districts	1,538 service providers in 10 districts	
Number of people that have seen or heard a specific USG-supported FP/RH message	Support RHCC meetings to discuss how to improve the nutritional status of 1,000 days mothers and children and identify action points for corrective actions at DHO/DPHO.	4 times per 20 Districts	3 times (3 districts)	
Couple years of protection in USG supported programs	Support Technical Advisory Group meeting on HTSP	2 times		
	Conduct 3-days follow up workshop to review quality of services after 6 months have passed since orientation in Dolakha district	1 time		

	Print and distribute BCC materials (posters, brochures) for display and use to create enabling environment at household, community service delivery points (SDPs) level for adoption of (ENA/EHA) behavioral actions.	20 Districts	20 Districts	HTSP posters
	Transportation support to refer already identified SAM cases to nearest rehabilitation center (for minimum - 12 cases)	Rupandehi		
INTERMEDIATE RESULT 3: Women and their family members increase their consumption of diverse and nutritious food				
Output 3.1: Increased access to locally -produced nutrient-dense and fortified foods				
# and % of VMFs and community brooding centers established	Conduct orientation programs on HFP for district level stakeholders (DLSO, DADO, DDC, WDO, DEO)	166 participants		
Number of beneficiaries with access to home or community garden	Support to organize orientation programs on HFP for members of NFSSC at the VDC level	15 events		
Number of home or community gardens established	Conduct 6-day DTOT on HFP for FS, Junior Technicians/Junior Technical Assistants of DADO and DADO	340 participants	445 participants	
Number of people trained in HFP/Ag	Conduct 2-day HFP training for 1,000 days mothers, FCHVs, family members (2700 mothers of 1000 days 162 FCHVs and 1,000 days HHs and 675 family members)	30,709 participants	13,731 participants	
Mean # of MN rich vegetable cultivated by HH each year.	Support in a) selection of 25% DAG VDCs from each district b) identification of households having 1,000 days mothers in coordination with VDC/DDC/FCHVs	2,150 HHs	18,651 HHs identified	
Number of chicken distributed	Distribute seeds to households of 1,000 days mothers and FCHVs in coordination with ASCs/DADO a) Seeds of dry season to 25% HHs b) Seeds of rainy season to 100% HHs	89,200 packets	53,765 seed packets	
Total # of eggs produced per household	Organize consultative meetings with DADO a) Identify locally appropriate vegetable crops and b) Avoid duplication in distribution of seeds at household level	36 Times		
	Organize consultative meetings with stakeholders to support poultry logistics	23 VDCs		

Procure and distribute of eight week brooded chicks to households (of 1,000 days mothers and FCHVs) a) Local arrangement for brooding of received chicks at district level for final delivery to households b) Transportation of chicks to households c) Provision of feed to chicks during transportation	291,767 chicks	11,359 chicks	
Support coop construction in DAG communities by local resource mobilization through district team	DAG HHs	653 DAG HHs identified	
Organize 1-day orientation program for owners of back yard poultry (from poultry distributed VDCs) about ND vaccination and bird flu	710 groups		
Support regularization of HFP group meeting (1,000 days mothers) and discuss about VMF including HFP through FCHVs/Group leader	3,658 groups	97 Groups (1,412 participants)	
Support select potential 1,000 days mothers for establishment of VMF	805 VMF	268 VMF	
Strengthen HFP program through supportive supervision and monitoring from DADO and DLSO	35 VDCs	5 VDCs	
Strengthen HFP program through supportive supervision and monitoring from ASC and LSC	76 VDCs	10 VDCs	Rupandehi and Parbat districts
Organize supportive supervision and monitoring visits from PNGO board members for quality outcomes of HFP component	15 VDCs		
Support distribution of planting materials of orange fleshed sweet potato to households (1,000 days mothers and FCHVs) in coordination with ASCs/DADO	49,320 cuttings		
Organize a consultative meeting with DLSO/LSC for practicing bio-security measures for back yard poultry	2 times		
Organize 2-day orientation for households of 1,000 day mothers, FCHVs and their family members: a) Regarding Vaccination of chicks including Bird flu b) Importance of permanent garden	2,048 groups	96 groups (1,490 participants)	This will be completed in the second period of the year.
Support in development of VMF a) Select potential mothers of 1,000 days b) Organize 5-day training on VMF	1,725 VMFs	335 VMFs (66 FCHVs, 268 1,000 days mothers and family members)	

Support development of DDC-endorsed local resource person (LRP) on HFP: a) Select potential VMFs for LRPs b) Organize 10-day training on LRP in consultation with regional agriculture and livestock offices	1,704 LRP		
Organize 1-day orientation on home economics (food budgeting, improvement plan for household incomes and expenses) for 1,000 days mothers and FCHVs from upper belt of district	55 groups		
Support mushroom production (instead of poultry program) for 1,000 days mothers a) Organize 1-day training on mushroom production b) Support mushroom inputs	2,114 HHs		
Support production of vegetables in plastic houses for 1,000 days mothers from DAG communities of upper belt of district	16 groups		
Organize 1-day reflection meeting on HFP (semi annually)	2 times		
Support establishment of vegetables garden in school: a) Organize 2-day orientation program on INP for management committee members b) Support-seeds of dry, rainy and winter seasons to schools c) Hold follow up meeting d) Conduct INP classes for students	35 schools		
Organize 3-day orientation on food processing and preservation (including improved drying techniques) for 1,000 days mothers and FCHVs from upper belt of district in coordination with DADO, DFTQC and NARC	17 groups	2 groups (41 participants)	
Support development of demo homestead garden at PNGO office premises	2 places		
Organize orientation on ND vaccine (including cold chain) for agro vets in coordination with DLSO	20 participants		
Provide support for increased quality and production of vegetables through plant clinic in coordination with DADO	12 times	2 times	
Support installation of improved cooking stove for 1,000 days mothers from DAG communities in Bajura	500 HHs		
Support strengthening of VMFs in AAMA wards in Suaahara districts: a) Interaction meeting with VMFs for gap and need assessment b) Provision of technical support for VMFs for their effective roles and functions	5 events		

Output 3.2: Increased knowledge of nutrition and locally available foods

% of mothers and others care givers able to receive correctly on ENA messages on appropriate diversity,	Display hoarding boards with INP messages in public places and health facilities at district and VDC level.	5 places/ district		
% of FCHV able to recite correctly ENA messages on appropriate diversity	Organize folk song competition event at district level on INP messages bringing talents from the VDCs.	1 time/ district		
	Organize display or demonstration of BCC materials/ recipe/food during local fairs/festivals	3 times/ district	8 times (2348 direct reached)	
	Develop model VDC (1 VDC per district, Darchula, Bajhang and Bajura)	3 VDCs		
	Prepare documentary to showcase Suaahara's impact in coordination with SBCC team	1 time/ district		
	Organize food fair to demonstrate recipes and cooking methods of complementary food for children less than 2	17 groups/ district	2 events	
	Develop private sector strategies (and other community distribution networks) to encourage involvement of SME (small, medium enterprises) within Suaahara objectives	1		

Output 3.3: Increased community resiliency to potential nutrition shocks

% of VDCs trained in DRR with content of nutrient resiliency	A) Organize 1-day workshop to review DDRP from a nutrition perspective by district team and district DDRC. B) Identify/ map vulnerable VDCs jointly with DDRC and District Nutrition and Food Security Steering Committee.	1 time/ District		
Number of VDCs developing disaster risk reduction preparedness plans (that include at least 5 of the core competencies for nutrient resiliency)	Organize 2-day workshop to review/develop VDC-level disaster response preparedness plan from a nutrition perspective with district team and VDC-level Nutrition and Food Security Steering Committee.	2 VDCs/ district		
	Support CHD in sensitizing national stakeholders on the importance of nutrition during emergencies Support to CHD for advocacy /sensitize national level stakeholders on nutrition issues during emergency	1 time		
	Support to CHD for advocacy /sensitize national level stakeholders on nutrition issues during emergencies	1 time		

INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is improved**Output 4.1: National mechanisms in place**

# of formal meetings held by HLNFSSTC technical advisory group (addressing nutrition/IYCF)	Participate in NPC-led HLNFSSTC meetings	Regular		
Geographic expansion of Suaahara interventions beyond Suaahara districts	Participate in DoHS-led technical committee meetings (FP, FCHV, IMCI, NUTECH, MNH/CB-NCP)	Regular		
	Organize 1-day National Advisory Committee meeting	4 times	1	
	Participate in National Advisory meetings organized by MoUD, MoAD, MoFALD	Regular		
	Lead and organize NNG meeting with nutrition stakeholders	Regular		
	Lead and organize technical update meetings with stakeholders	Quarterly		
	Organize regional level coordination meetings	Quarterly		
	Formation of multi-sectoral committees at DDC and VDC-level using the NPC guidelines in the all program districts	20 districts		
	Participate in various district level meetings to advocate for integrated nutrition issues	Regular		
	Facilitate monitoring and supervision of project activities by health and non-health sector officials	Every 6 months		
	Organize Suaahara Agriculture/Livestock Advisory Group meeting	2 times		
	Organize joint field visit program with MOAD (DLS/DOA/DFTQC/NARC).	2 times		
	Coordinate with MoHP/CHD/FHD/NHTC, MD, NHEICC, NHTC, NNG, and UNICEF other stakeholders on plans. Materials development for improving coverage and quality of Suaahara program	Regular		
	Organize 1-day National Advisory Committee meeting on quarterly basis	Quarterly		
	Organize supportive supervision and monitoring visits by national level stakeholders (CHD, FHD, MD in Suaahara districts	4 times		
Output 4.2: District mechanism in place				
District nutrition and food security committee established at district in collaboration with District Development Committee	Organize District Nutrition and Food Security Steering Committee meetings	60 (times) 3 times per district	282 times (6,705 participants)	
	Organize VDC-level Nutrition and Food Security Steering Committee meetings	2 times	21 times (394 participants)	

	Organize 1-day program review and sharing meeting with VDC secretaries	1 time (79 persons)	1 time (58 participants)	
	Organize 1-day annual review and planning meeting with district stakeholders and district team	1 time per district	4 times (99 participants)	
	Organize supportive supervision and monitoring visits by district multi-sector stakeholders to VDC and household levels	2 times		
	Participate in various district level meetings to advocate for integrated nutrition issues	Monthly	32 meetings	
	Support regional multi-sectoral nutrition and food security meetings	2 times per cluster		
	Joint-Monitoring Visit with multi-sectoral regional team on quarterly basis	Quarterly basis in 4 cluster		
	Support to conduct Regional food and Nutrition Steering committee meetings	Semiannual in 4 clusters		
	Support regional level multi sector nutrition advocacy workshop (3 days)	2 region (Western and Center region)		
	Support to Regional Health, Annual review meeting (i.e. Health, WASH, Agriculture, and Livestock)	4 Clusters		
	Formation of multi-sectoral committees at DDC and VDC level using the NPC guidelines in the all program districts		401 VDCs	Year two activity
Social Mobilization and Good Governance				
# of WCF and CAC organized and discuss about nutrition issues and disseminate INP message to the target population	Conduct assessment of the LGCDP situation in selected districts (e.g., DAG mapping, social mobilizers, CAC, WCF roles/responsibilities)	15 districts		
	Conduct 1-day orientation program on social mobilization and governance for INP to multi-sectoral district level stakeholders in line with MOFALD guidelines	18 district	5 times (120 participants)	
	Conduct orientation to Social Mobilizers and Field Supervisors in coordination with DDC (LGCDP) to conduct REFLECT sessions for CAC members (3 days)	17 districts	14 times (670 participants)	
	Conduct 1-day orientation program on social mobilization and governance for INP to multi-sectoral VDC level stakeholders in line with MOFALD guideline in selected DAG VDCs	20 districts	42 VDCs (300 participants)	
	Support orientation programs on social mobilization and governance for INP to members of Ward Citizen Forum including 1,000 days mothers in selected VDCs	20 districts	1 event (32 participants)	

	<u>Support in organizing the RELECT sessions in selected VDCs:</u> a) Dissemination of INP messages and discussion on locally broadcasted INP issues b) Identify issues related to INP (2 times/month)	13 districts	205 REFLECT sessions	
	Support of Community Action Cycle: Organize meeting with WCF and 1,000 days mothers in 15 VDCs to align priorities	7 districts		
	Support display of information board for increased utilization of VDC grant/governance for nutrition promotion among 1,000 days mothers and children in selected VDCs	20 VDCs		
Capacity building support				
Improved management capacity of implementing partners and Suaahara team	Organize 1-day district team staff meeting	12 times/district		
	Organize 2-day PNGO staff meeting	8 times/district		
	Organize 3-day annual program review meeting with PNGO board members and senior staff	1 time/district		
	Organize 2-day program review and reflection meeting with district team and PNGO team	4 times/district		
	Organize 6-day integrated capacity building training to Field Supervisors	1 time/district		
	Organize leadership development/program management program for Board Members and senior staff of PNGO (managed by cluster team)	1 time (5 staff)/district		
	Support district stakeholders (e.g., annual report preparation, review meetings)	1 time		
	Support NHEICC and regional and district health offices capacity strengthening for communication strategy and communication policy implementation	Regular		
	BCC and IPC Capacity Building for Program Managers, District and Cluster Staff and providers including national NGO partners and LNGOs	Regular		
SBCC AND MEDIA				
	Hire national short-term consultants with specialized expertise to assist with implementation of SBCC and PPP programs	8		
	Develop and roll out radio program			
	Script writing - phase 1 (26 episodes)	72		

	Radio program production - phase 1 (26 episodes) including live call-in program	156		
	CAC RLG group TOT & facilitator training (Phase 1)	2		
	Plan, develop and produce localized support materials for radio program (Phase 1)	4 types		
	Radio program broadcasting (Phase 1) including live call-in program	156		
	Conduct RLGs through CAC in selected 25% VDCs of each districts (Phase 1)	239		
	Conduct radio design document workshop for Phase 2 (26 episodes)	1	1	
	Script writing - phase 2 (26 episodes) x 3 languages	78		
	Radio program production - phase 2 (26 episodes) including live call-in	156		
	CAC RLG group facilitator refresher orientations (Phase 2)	12		
	Plan, develop and produce localized support materials for radio program (Phase 2)	4 Types		
	Radio program broadcasting (Phase 2) including live call-in program	156		
	Conduct RLGs through CAC in selected 25% VDCs of each districts (Phase 2)	239		
	Media advocacy interaction programs at district level	20		
	Finalize plan for participatory community and school activities	1		
	Unifying theme campaign			
	Pretest unifying theme concepts and activities	5	5	Completed
	Implement unifying theme campaign across all districts	20		
	Refine, finalize unifying theme concepts and approaches			
	Design materials based on unifying theme concept	10 types		
	Design and produce appreciation materials for unifying theme events (e.g., key life events, ideal family, and competitions)	5 types		
GENDER AND SOCIAL INCLUSION				
	Program reviews (qualitative) from GESI/BCC perspective	1		

	Operational (action) research on men's involvement and GESI integration	1		
	GESI coordination meeting	3 times		Completed
	Printing of GESI tools and materials	1000 copies		Completed
	Ensuring GESI incorporation in program components	Regularly		
MONITORING AND EVALUATION				
	Organize 2-day refresher training on M&E tools and templates to FS	1 time/ District		
	M&E preparatory meeting for year 3	1 time		
	Database training for piloting districts for online program management information system (OPMIS)	7 Districts		
	Roll out of OPMIS to remaining districts	13 Districts		
	Scale up Smartphone use for routine monitoring	20 districts		Purchase of smart phones will be done in consultation with USAID in accordance with project need
	Semi-annual review and reflection session	2 times		
	Mid-term evaluation	1 time		In consultation with USAID
	Operations research on training to non-health government staff	1 time		
	Operations research on peer educator program	1 time		
	Operations research on effectiveness of agricultural inputs	1 time		
	Operations research on ODF vs. non-ODF	1 time		
	M&E refresher training and cluster level	4 clusters		
	Mobility mapping orientation at cluster level	4 clusters		
	LMIS and HMIS orientation at cluster level	4 clusters		
	Training on project design, monitoring including data analysis interpretation and response	20 Districts		

	Training on report writing and documentation training	20 Districts		
	Quarterly on-site data verification by cluster	20 Districts		
	Conduct LQAS training and survey	20 Districts		
	Conduct data quality audit for on-site data verification	20 Districts		
	Organize 2 days M&E refresher training to district & LNGO team by M&E coordinator	20 Districts		
	Conduct Quarterly Progress Review /Reflection Workshop with District & LNGO team (tie up with quarterly program review meeting at district)	20 Districts		
	Monthly Data Verification	20 Districts		
	2 days Orientation on DPHO HMIS/LMIS system related to Suaahara Program	20 Districts		
	Research - Qualitative Assessment through Most Significant Change techniques	1 time		

ANNEX 2: SUAAHARA INTERNATIONAL TRAVEL

Save the Children								
Approved			Actual used					
S.N.	Number of trips	Destination/ Sector	Name of the Traveler	Number of trips	Used Dates	Purpose	Coverage of Trip	Remaining Quota
1	19	US-Nepal-US						
			Ms. Karin Lapping	1	July 21-August 3, 2012	To provide general technical assistance including meetings with Suaahara team.	100%	18
			Ms. Karin Lapping	1	January 31-February 15, 2013	To attend USAID meeting and to provide technical assistance	100%	17
			Ms. Angela Brasington	1	March 12-19, 2013	Technical assistance on community mobilization	100%	16
			Ms. Karin Lapping	1	July 9-19, 2013	To assist with management transition of Suaahara and review technical components of the program	100%	15
			Ms. Silvia Alayon	1	January 11-18, 2014	To facilitate a three-day workshop to document the program impact pathway for the Suaahara project and to assist the Suaahara team to develop a process evaluation plan.	100%	14
3	5	Nepal - Thailand - Nepal						5
4	4	Thailand - Nepal -						

		Thailand						
			Mr. John Stoekel	1	October 2-6, 2012	Assist with the development of a system for process evaluation, including fidelity assessment	100%	3
	28			6				22

Helen Keller International								
Approved			Actual used					
S.N.	Number of trips	Destination/ Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose		Remaining Quota
1	4	US-Nepal-US						
			Ms. Maryanne Stone-Jimenez	1	March 1-9, 2012	ENA/ EHA and SBCC MTOT	100%	3
			Ms. Victoria Quinn	1	October 28-November 11, 2011	Kick off meeting for SUA AHARA	100%	2
2	3	Cambodia-Nepal-Cambodia						3
			Ms. Emily Hillenbrand	0	December 7-12, 2012	GESI training-workshop	Travel expenses of this trip was covered by HKI regional office in Cambodia & only per diem was charged to Suaahara	3

			Mr. Akoto Osei	1	August 12-18, 2013	TA to Suaahara	100%	2
3	3	Nepal - Thailand - Nepal						3
4	4	Nepal - Ethiopia - Nepal						4
	14			3				11

JHPIEGO								
Approved			Actual used					
S.N.	Number of trips	Destination/ Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks	Remaining Quota
1	1	US-Nepal-US		0				1
	1			0				1

JHUCCP								
Approved			Actual used					
S.N.	Number of trips	Destination/ Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks	Remaining Quota
1	12	US-Nepal-US						
			Mr. Bill Glass	0.13	September 25-28, 2011	Attend Suaahara initial planning meeting	12.63 % was charged to Suaahara	11.87
			Mr. Basil Awni Safi	0.25	November 7-11, 2011	Attend Suaahara strategic planning workshop	25% to Suaahara, 51% to India IFPSII, and 24% to Bangladesh KM project	11.62

			Mr. Rajiv Rimal	1	March 11-29, 2012	Facilitate training for formative research	100%	10.62
			Ms. Caroline Jacoby	1	March 31-April 22, 2012	Support Suaahara SBCC team and partners	100%	9.62
			Dr. Benjamin V. Lozare	0.5	April 21-26, 2012	Facilitate strategic communication and leadership workshop on nutrition	50% Suaahara 50% Indonesia Safe project	9.12
			Ms. Uttara Kumar Bharath	1	May 6-13, 2012	Develop creative brief for impact study of community theater	100%	8.12
			Mr. Rajindar Mehara	1	May 6-13, 2012	Training and orientation on finance software to JHUCCP finance and administration staff	100%	7.12
			Ms. Elena Broaddus	0	June 14-August 27, 2012	Intern	Her trip was covered by a grant from the JHU School of Public Health	7.12
			Mr. Rajiv Rimal	1	August 7-27, 2012	To provide technical support and conduct research training for impact study on community theater	100%	6.12
			Mr. Basil Awni Safi	1	August 16-24, 2012	Facilitate nutrition communication framework workshop and support SBCC Team	100%	5.12

			Ms. Caroline Jacoby	1	January 1-21, 2013	Briefings and preparatory meetings, facilitate radio entertainment education design document workshop, convene design document approval meeting with stakeholders, Hold writers meeting	100%	4.12
			Ms. Kathryn Bertram	0.5	January 21-31, 2013	Briefings and preparatory meetings on selecting creative agency and developing an umbrella campaign, Interview and select creative agency candidates to implement, Present final KM platform strategy to Suaahara team. Convene meeting with Suaahara SBCC team to finalize KM platform Present final KM platform strategy to Suaahara team umbrella campaign and activities,	50% Suaahara, 50% Voices III	3.62

			Ma. Valerie Caldas	0	June 11- October 9, 2013	Document Integrated Nutrition activities focus on social behavior change communication, including community mobilization and service delivery activities and the roll out of the national integrated nutrition campaign, support Baltimore and Nepal staff when appropriate (monitoring & evaluation, etc.)	Her trip was covered by a grant from the JHU School of Public Health	3.62
			Mr. Basil Awni Safi	0.5	September 6- 14, 2013	Work on IR 2 various activities, support in various SBCC activities, discuss on financial audit	50% cost only charged to Suaahara	3.12
			Ms. Caroline Jacoby	1	January 1-19, 2014	Facilitate a four-day radio design document workshop to design Bhanchhin Aama Phase II radio program and also facilitate two days meeting with writers.	100%	2.12
	12			9.88				2.12

